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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Radiology Association 1891 Preston White Drive ADDRESS (number and street) Check if different than previously Reston ٧A 20191 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00343459 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2007 03 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. DR Milton Guiberteau Type or Print Name of Treasurer Electronically Filed by DR Milton Guiberteau 09 11 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American College of Radiology Association D D " D 03 0 1 2007 0.3 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 365524.77 January 1 (b) Cash on Hand at 534949.49 Begining of Reporting Period 32118.44 297100.33 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 567067.93 662625.10 6(a) and 6(c) for Column B) 104468.06 200025.23 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 462599.87 462599.87 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American College of Radiology Association

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	butions (other than loans) From: ndividuals/Persons Other		
	han Political Committees) Itemized (use Schedule A)	24680.03	251021.05
(i) Unitemized	6363.52	42967.45
(ii) TOTAL (add Lines 11(a)(i) and (ii)	31043.55	293988.50
(b) F	olitical Party Committees	0.00	0.00
(Other Political Committees Such as PACs) Otal Contributions (add Lines	0.00	0.00
	1(a)(iii),(b) and (c)) (Carry otals to Line 33, page 5)	31043.55	293988.50
	iers From Affiliated/Other Committees	0.00	0.00
3. All Lo	ans Received	0.00	0.00
	Repayments Receiveds To Operating Expenditures	0.00	0.00
(Carry	nds, Rebates, etc.) Totals to Line 37, page 5)ds of Contributions Made	0.00	0.00
	eral candidates and Other al Committees	0.00	0.00
	Federal Receipts ends, Interest, etc.)	1074.89	3111.83
8. Trans	fers from Non-Federal and Levin Funds		
` '	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	32118.44	297100.33
	Federal Receipts act Line 18(c) from Line 19)	32118.44	297100.33

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 3928.00 3928.00 Expenditures..... (c) Total Operating Expenditures 3928.00 3928.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 99000.00 192000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 1540.06 4097.23 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 104468.06 200025.23 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 104468.06 200025.23 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	31043.55	293988.50
	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	31043.55	293988.50
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3928.00	3928.00
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
	Net Operating Expenditures (subtract Line 37 from Line 36)	3928.00	3928.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 46 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	nd Statements may not be sold or used by any persong the name and address of any political committee to sociation	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Hanan Khalil Mailing Address Rhode Island Medi 20 Catamore Blvd		Date of Receipt 0 3
City	State Zip Code RI 02914-1204	Transaction ID: 19209086
East Providence FEC ID number of contributing federal political committee.	RI 02914-1204	Amount of Each Receipt this Period 250.00
Name of Employer Bridgeport Hospital	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Cathleen Woomert Mailing Address 81 Maple Ridge Ro	<u> </u>	Date of Receipt
City	State Zip Code	0 3 0 2 2 0 0 7 Transaction ID: 19209088
<u>Millville</u>	PA 17846-8933	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Geisinger Clinic	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Dr. Dennis Parks		Date of Receipt
Mailing Address Waco Radiology C 405 Londonderry D	Or Ste 104	03 / 02 / 4 7 7 7
City Waco	State Zip Code	Transaction ID: 19209089
FEC ID number of contributing federal political committee.	TX 76712-7920	Amount of Each Receipt this Period 250.00
Name of Employer Waco Radiology Clinic PA	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	al)	5500.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 46 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associates the control of the con	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr. William Herring Mailing Address Albert Einstein Medica 5501 Old York Rd			Date of Receipt 0 3 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 19209090
	Philadelphia	PA	19141-3098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Albert Einstein Medical Center Receipt For: Primary General Other (specify)	, '	tic Radiologist e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Richard Latchaw Mailing Address UC Davis Medical Cen	ter		Date of Receipt
	4860 Y St Ste 3100	03 08 2007		
	City	Transaction ID: 19298686		
	Sacramento FEC ID number of contributing federal political committee.	CA	95817-2307	Amount of Each Receipt this Period 250.00
	Name of Employer University of California at Davis	Occupatio Diagnost	n tic Radiologist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Katherine Shaffer			Date of Receipt
	Mailing Address Froedtert Mem Luthera 9200 W Wisconsin Av	e .		03 / 08 / 2007
	City Milwaukee	State WI	Zip Code 53226-3596	Transaction ID: 19298687
	FEC ID number of contributing federal political committee.	C	33220-3390	Amount of Each Receipt this Period 300.00
	Name of Employer Medical College of Wisons- in	Occupatio Diagnost	n tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		800.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American College of Radiology Associ	iation		
Full Name (Last, First, Middle Initial) Dr. Bradley Tipler			Date of Receipt
Mailing Address Blue Ridge Radiologis 401 Commerce Rd Ste	03 08 7 9 7 9 7		
City	State	Zip Code	Transaction ID: 19298688
Staunton	VA	24401-4433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Blue Ridge Radiologists	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph Alenghat			Date of Receipt
Mailing Address 3901 W Talus Ct			03 08 7 9 9 9
City	State	Zip Code	Transaction ID: 19299931
Peoria	<u>IL</u>	61615-8957	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Mercy Hospital	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kirsten A. Hanson			Date of Receipt
Mailing Address 1031 Towlston Rd			03 08 7 9 9 9
City	State	Zip Code	Transaction ID: 19299932
McLean	VA	22102-1112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Washington Radiology Asso- ciates, PC	,	ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 46 (check only one) X
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American College of Radiology	orts and Statements may not be sold or used by any per using the name and address of any political committee by Association	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr. Douglas Moote Mailing Address Jefferson Rac 85 Seymour \$	iology	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19299936
<u>Hartford</u>	CT 06106-5507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Jefferson Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Steven Urbanski	,	Date of Receipt
Mailing Address 1253 Mapleto	n Ave	03 14 2007
City	State Zip Code	Transaction ID: 19337644
Suffield	CT 06078-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Jefferson X-Ray Group, PC	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr. Roma Gumbs		Date of Receipt
Mailing Address 13716 N Gate	Dr	0 3
City	State Zip Code	Transaction ID: 19337645
Silver Spring	MD 20906-2212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Howard University Hospital	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	optional)	1115.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associa Full Name (Last, First, Middle Initial)	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Dr. George Weis Mailing Address 248 Shorewood Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19337646
	Fox Island	WA	98333-9725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tacoma Radiological Assoc- iates	_ <u> </u>	ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Terril Efird			Date of Receipt
	Mailing Address 7620 N Marks Ave			03 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19424029
	Fresno	CA	93711-0262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Community Medical Imaging	Occupatio Diagnost	n iic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Deborah Lucas			Date of Receipt
	Mailing Address Southeastern Overread 3801 W Market St	l Services		03 19 2007
	City <u>Greensboro</u>	State NC	Zip Code 27407-1301	Transaction ID: 19424031 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southeastern Radiology - Greensboro, N	Occupatio Diagnost	n ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the (Check drily drie)
or for commercial purposes, other than using the	Statements may not be sold or used be name and address of any political control of the sold of the sol	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ciation	
Full Name (Last, First, Middle Initial) Dr. Mark Robbins		Date of Receipt
Mailing Address Hot Springs Radiolog 3633 Central Ave Ste	D	03 / 19 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 19424032
Hot Springs	AR 71913-6404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hot Springs Rad Services	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. Gideon Strich		Date of Receipt
Mailing Address 6042 Sierra Siena Ro	I	03 19 2007
City	State Zip Code	Transaction ID: 19428512
Irvine	CA 92612-3912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Santa Ana Tustin Radiology Group	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2	250.00
Full Name (Last, First, Middle Initial) Dr. Lara Eisenberg		Date of Receipt
Mailing Address 1020 Towlston Rd		03 19 2007
City	State Zip Code	Transaction ID: 19428514
<u>Mclean</u>	VA 22102-1111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Doctors Groover, Christie, & Meritt	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		000.00
		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 46 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations (In Full)	ne name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ronald Rosenberg Mailing Address Jefferson X Ray Groum 85 Seymour St Ste 20	oo		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19428515
Hartford FEC ID number of contributing federal political committee.	CT	06106-5505	Amount of Each Receipt this Period 300.00
Name of Employer Jefferson Radiology, P.C. Receipt For: Primary General Other (specify) ▼	_ ' _ <u>`</u> _	n ic Radiologist Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Ethan Foxman Mailing Address 1047 N Main St			Date of Receipt 0 3 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: 19428516
West Hartford	CT	06117-2055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Jefferson Radiology	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David Wolf			Date of Receipt
Mailing Address 16 Whitecliff Dr			03 / 23 / 2007
City Pittsford	State NY	Zip Code 14534-2928	Transaction ID: 19501391
FEC ID number of contributing federal political committee.	C	14034-2928	Amount of Each Receipt this Period 300.00
Name of Employer Windsong Radiology Group	Occupation Diagnosti	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	ne (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Asso	e name and address of any political comr	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. George Howard, III Mailing Address 1185 Glancy Rd E City Swansboro FEC ID number of contributing federal political committee. Name of Employer Onslow Radiology Center	State Zip Code NC 28584-8738 C Occupation Diagnostic Radiologist	Date of Receipt M M Z 3 Z 3 Z 2 0 0 7 Transaction ID: 19501394 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.	.00
Full Name (Last, First, Middle Initial) Dr. Charles Burkett Mailing Address 6 Crooked Bridge Wa	y	Date of Receipt M
City	State Zip Code	Transaction ID: 19501396
Ormond Beach	FL 32174-6752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Radiology Associates of Daytona Beach Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 500.	.00
Full Name (Last, First, Middle Initial) Dr. Edwin Dailey		Date of Receipt
Mailing Address 5560 Buck Point Rd		03 / 00 / 100 / 100 / 2007
City	State Zip Code	Transaction ID: 19501397
Auburn FEC ID number of contributing federal political committee.	NY 13021-8739	Amount of Each Receipt this Period 250.00
Name of Employer Auburn Radiologic Associates, P.C. Receipt For: □ Primary □ General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.	.00
SUBTOTAL of Receipts This Page (optional)	l	1000.00

Fairlawn FEC ID number of contributing federal political committee. Name of Employer Radiology Center of Fair Lawn Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City St. Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists, C C Cocc Rockingham Radiologists, C Cocc Rockingham Radiologists, C Cocc Rockingham Radiologists,	nd address of any political committee to s	olicit contributions from such committee.
Dr. Susan Rubinoff Mailing Address 0-100 28th St City Stan Fairlawn Name of Employer Radiology Center of Fair Lawn Receipt For: Agg Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City Standard		
City Fairlawn FEC ID number of contributing federal political committee. Name of Employer Radiology Center of Fair Lawn Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists, C City Cocc Rockingham Radiologists,		Date of Receipt
Fairlawn FEC ID number of contributing federal political committee. Name of Employer Radiology Center of Fair Lawn Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City St. Harrisonburg FEC ID number of contributing federal political committee. City Name of Employer Rockingham Radiologists,		03 23 2007
FEC ID number of contributing federal political committee. Name of Employer Radiology Center of Fair Lawn Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City St. Harrisonburg FEC ID number of contributing federal political committee. Ccc Name of Employer Rockingham Radiologists,	ate Zip Code	Transaction ID: 19501415
Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists,	J 07410-3756	Amount of Each Receipt this Period
Lawn Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists, Dia Occ.		500.00
Lawn Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists, Dia Occ.	upation	1
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City Standard Sta	gnostic Radiologist regate Year-to-Date ▼	-
Dr. Nathaniel Adamson Mailing Address 177 Diamond Ct City St. Harrisonburg V/A FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists,	500.00	
Mailing Address 177 Diamond Ct City St. Harrisonburg V/ FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists,		Date of Receipt
Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists, Diagonal Section 1.1		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Radiologists, Occ.	ate Zip Code	Transaction ID: 19501417
rederal political committee. Name of Employer Rockingham Radiologists, Dia	•	Amount of Each Receipt this Period
Rockingham Radiologists,		300.00
Ltd.	upation gnostic Radiologist	-
	regate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Charles Hodgman		Date of Receipt
Mailing Address Kalamazoo Radiology PC 524 S Park St		03 23 YYYYY 037 23 2007
City Sta	ate Zip Code	Transaction ID: 19501419
<u>Kalamazoo</u> <u>M</u>	49007-5179	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Advanced Dadiology Contin	upation gnostic Radiologist	1
Receipt For: Agg	regate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 46 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Associa	ation		
Full Name (Last, First, Middle Initial) Dr. Michael Chaliff			Date of Receipt
Mailing Address 195 Grogans Lake Poir	nt		03 28 2007
City	State	Zip Code	Transaction ID: 19532767
Atlanta	GA	30350-3118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Diagnostic Imaging Specia-	Occupatio		
lists, P.A		ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Salil Parikh	<u> </u>		Date of Receipt
Mailing Address 9477 Johnson Rd Ext			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19532768
Germantown	TN	38139-3603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Radiology Assoc of Ocala	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce Arose			Date of Receipt
Mailing Address 11 Windsor Court			03 28 2007
City	State	Zip Code	Transaction ID: 19532769
<u>Farmington</u>	CT	06032-1458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Jefferson Radiology	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American College of Radiology As	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Harris Mailing Address 42 Wildwood Dr City West Lebanon	State Zip Code NH 03784-3117	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Dartmouth-Hitchcock Med Ctr Receipt For: Primary General Other (specify)	Occupation Diagnostic Radiologist Aggregate Year-to-Date 300.00	300.00
Full Name (Last, First, Middle Initial) Dr. Susan Edwards Mailing Address 13101 Waterrock I City Arcadia FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OK 73007-7631 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y 2 8 / 2 0 0 7 Transaction ID: 19532774 Amount of Each Receipt this Period 2500.00
Oklahoma Radiology Group Receipt For: Primary General Other (specify) ▼	Diagnostic Radiologist Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Soehnlen Mailing Address 18882 Withrich Ro City Dalton FEC ID number of contributing federal political committee.	State Zip Code OH 44618-8923	Date of Receipt M M
Name of Employer Radiology Associates of Canton Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (option	al)	3050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	and Statements may not be sold or used by any person g the name and address of any political committee to sociation	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frederick Conard, III Mailing Address 22 Sunset Farm Re City	d State Zip Code	Date of Receipt M
West Hartford FEC ID number of contributing federal political committee.	CT 06107-1314	Amount of Each Receipt this Period 300.00
Name of Employer Jefferson Radiology Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Poulton Mailing Address Aultman Hospital 2600 6th St SW		Date of Receipt 0 3 2 8 2 0 0 7
City	State Zip Code	Transaction ID: 19532808
Canton	OH 44710-1799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Aultman Hospital	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Irena Tocino	'	Date of Receipt
Mailing Address Yale University Sch 333 Cedar St		03 28 2007
City <u>New Haven</u>	State Zip Code CT 06510-3206	Transaction ID: 19532814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 00310-3200	250.00
Name of Employer Yale University School of Med Pagaint For:	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option	al)	800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Associ	iation	
Full Name (Last, First, Middle Initial) Dr. Todd Smith		Date of Receipt
Mailing Address 18 Masters Cir City	State Zip Code	M M / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Little Rock	AR 72212-3304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Radiology Consultants of Little Rock Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. David Marcantonio Mailing Address William Beaumont Ho	sp	Date of Receipt
Gity 3601 W 13 Mile Rd	State Zip Code	03 28 2007
Royal Oak	MI 48073-6769	Transaction ID: 19532858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Georgia West Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Terry Martin		Date of Receipt
Mailing Address Rad Assoc of Biirming 2090 Columbiana Rd	Ste 4400	03 / 28 / 2007
City	State Zip Code	Transaction ID: 19532865
Birmingham FEC ID number of contributing federal political committee.	AL 35216-2152	Amount of Each Receipt this Period 100.00
Name of Employer Rad Assoc of Biirmingham PC	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Assoc	Statements may not be sold or used by any person an ame and address of any political committee to station	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel Cohen		Date of Receipt
Mailing Address 1480 Brookfield Road		03 28 2007
City	State Zip Code	Transaction ID: 19532908
Yardley	PA 19067-3930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Radiology Affiliates of Central NJ	Occupation	
Central NJ Receipt For:	Diagnostic Radiologist	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 485.00	
Full Name (Last, First, Middle Initial) Dr. James Eisenberg	1	Date of Receipt
Mailing Address The Defiance Clinic 1400 E 2nd St		03 28 2007
City	State Zip Code	Transaction ID: 19532919
Defiance	OH 43512-2494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Defiance Clinic	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Eric Sax	<u> </u>	Date of Receipt
Mailing Address 9 Old Sudbury Rd		03 28 2007
City	State Zip Code	Transaction ID: 19532923
Lincoln	MA 01773-4807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer The Imaging Institute	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)		223.34

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 46
` '		for each category of the	(check only one)
HEMIZED RECEIPTS	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		Detailed Sulfilliary Fage	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ic name and ad	dress of arry political committee to	solidi contributiona morn adon committee.
American College of Radiology Association	ciation		
American College of Hadiology Associ	Cialion		<u> </u>
Full Name (Last, First, Middle Initial) Dr. Demetrius Morros			Date of Receipt
Mailing Address 7418 Ridgecrest Cour	rt Rd		03 28 2007
City	State	Zip Code	Transaction ID: 19532928
Birmingham	AL	35242-0525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Birmingham Radiological	Occupation	on tic Radiologist	
Group P.C. Receipt For:	-, '	e Year-to-Date	
Primary General	7.gg/0gar	o rour to Buto	1
Other (specify) ▼	0 0	250.02	
Full Name (Last, First, Middle Initial) Dr. Joel Swartz			Date of Receipt
Mailing Address 1210 Page Ter			03 28 2007
City	State	Zip Code	Transaction ID: 19532937
Villanova	PA	19085-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
<u> </u>			
Name of Employer Self-Employed	Occupation Diagnos	on tic Radiologist	
Receipt For:	_ · · · · ·	e Year-to-Date ▼	
Primary General	/ iggi cgai	e rear to Bate	1
Other (specify) ▼	0 0	370.00	
Full Name (Last, First, Middle Initial) Dr. Marcela Bohm-Velez	1		Date of Receipt
Mailing Address Weinstein Imaging As 5850 Centre Ave	ssociates		03 28 7 2007
City	State	Zip Code	Transaction ID: 19532953
Pittsburgh	PA	15206-3780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer Weinstein Imaging Associa- tes	Occupation Diagnos	on tic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.01	
	1		i

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 46 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Elizabeth D'Angelo Mailing Address 108 Bur Ben Ln City New Bern FEC ID number of contributing federal political committee. Name of Employer Coastal Radiology Receipt For: Primary General Other (specify) —	State Zip Code NC 28560-7520 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR Mailing Address Central LA Imaging Inc. 3704 North Blvd Ste A City Alexandria FEC ID number of contributing federal political committee. Name of Employer Central LA Imaging Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt 0 3
Full Name (Last, First, Middle Initial) Dr. Arthur Sandy Mailing Address 2821 Argyle Rd City Birmingham FEC ID number of contributing federal political committee. Name of Employer Advanced Imaging Assoc of AL Receipt For:	State Zip Code AL 35213-3403 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y O 3 28 2007 Transaction ID: 19532983 Amount of Each Receipt this Period 85.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	255.00	268.34

ITEMIZED RECEIPTS	38)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/46 (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may ing the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology A	Association		
Full Name (Last, First, Middle Initial) Dr. Gerald Dodd, III			Date of Receipt
Mailing Address Univ of Colorado	Hlth Sci Ctr e, Leprine Bldg Rm	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Aurora	State CO	Zip Code 80045-7155	Transaction ID: 19532988 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80043-7133	83.34
Name of Employer Univ of Texas Hith Sci Ctr	Occupation Diagnostic	c Radiologist	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Dr. Jack Funamura	I		Date of Receipt
Mailing Address 2320 N California	a St Ste 2		03 28 7 2007
City Stockton	State CA	Zip Code 95204-5509	Transaction ID: 19532996
FEC ID number of contributing federal political committee.	C	93204-3309	Amount of Each Receipt this Period 250.00
Name of Employer Stockton MRI Medical Cent- er	Occupation Diagnostic	c Radiologist	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Reginald D. Osbon	I		Date of Receipt
Mailing Address 149 Weatherby [Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19532997
Macon FEC ID number of contributing federal political committee.	GA C	31210-8233	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation	c Radiologist	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option			833.34

SCHEDULE A (FECTIFICATION OF SCHEDULE A (FETTIFICATION OF SCHEDULE A (FETT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In American College of Race	r than using the name and a -ull)	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Dr. Jeanne W. Baer Mailing Address 418 High			Date of Receipt O 3
Cleator	State NJ	Zip Code	Transaction ID: 19532998
Closter FEC ID number of contributin federal political committee.		07624-2013	Amount of Each Receipt this Period 500.00
Name of Employer St Luke's-Roosevelt Hospital Receipt For: Primary Gene Other (specify) ▼	Aggreg	tion ostic Radiologist ate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Dr. Russell Harvey Mailing Address 2736 SW			Date of Receipt 0 3 2 8 2 0 0 7
City	State	Zip Code	Transaction ID: 19533000
Topeka	KS	66611-1703	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		1000.00
Name of Employer RNM	Occupa	tion estic Radiologist	
Receipt For: Primary Gene Other (specify) ▼	Aggreg	ate Year-to-Date ▼	
Full Name (Last, First, Middle Dr. Bruce Gendron	Initial)		Date of Receipt
Mailing Address 27 Timber	erline Dr		03 28 2007
City	State	Zip Code	Transaction ID: 19533001
Poughkeepsie	NY	12603-5532	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer DRA Imaging, P.C.	Occupa Diagno	tion ostic Radiologist	
Receipt For: Primary Gene Other (specify) ▼	00 0	ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This P	age (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	nd Statements may not be sold or used by any person the name and address of any political committee to sociation	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Richard Friedland Mailing Address 57 Kingwood Dr		Date of Receipt
City	State Zip Code	0 3 2 8 2 0 0 7 Transaction ID: 19533002
Poughkeepsie FEC ID number of contributing	NY 12601-5404	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer DRA Imaging, P.C.	Occupation	300.00
DRA Imaging, P.C. Receipt For: Primary General Other (specify)	Diagnostic Radiologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Sandip Patel Mailing Address 141 Beaumont Ct	L	Date of Receipt
City Wilmington	State Zip Code NC 28412-8267	Transaction ID: 19533003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Delaney Radiologists, P.A.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles Herbstman		Date of Receipt
Mailing Address 572 Haworth Ave		03 / 30 / Y Y Y Y Y
City <u>Haworth</u>	State Zip Code NJ 07641-1537	Transaction ID: 19627954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rad Center of Fair Lawn	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1250.00

В.

PAGE 25 / 46 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt Dr. John Tonkin Mailing Address 2005 S Palmetto Ave 03 3 0 2007 Zip Code City State Transaction ID: 19627956 South Daytona FI 32119-2224 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Radiology Imaging Associa-Occupation Diagnostic Radiologist tes Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Kevin Quinn Date of Receipt Mailing Address 69 McAfee Farm Rd 0 3 30 2007 City State Zip Code Transaction ID: 19627960 **Bedford** NH 03110-4655 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer SNHRC Occupation Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	<u> </u>	24680.03

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 / 46 (check only one)	
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements ma ame and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American College of Radiology Association	ion		
	Full Name (Last, First, Middle Initial) Vanguard			Date of Receipt
	Mailing Address PO Box 13750			03 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: 19810502
	Philadelphia	PA	19101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1074.89
	Name of Employer	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3111.83	Interest

SUBTOTAL of Receipts This Page (optional)	•	1074.89
TOTAL This Period (last page this line number only)	—	1074.89

SCHEDULE B (FEC Form 3X)	Use separate	schedule(s)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the ((check only o	one)] 22
			27	28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be and address o	e sold or used by f any political cor	r any person for mmittee to solic	r the purpose of soliciting contributions cit contributions from such committee
NAME OF COMMITTEE (In Full)				
American College of Radiology Association	1			
Full Name (Last, First, Middle Initial)				Transaction ID: 18796113
Charlie Melancon Campaign Committee In	C			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 511 Congress St PO Box 549				$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & 1 & D \\ 1 & 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
		p Code 0390		Amount of Each Disbursement this Period
Purpose of Disbursement				1000.00
			011	
Candidate Name Rep. Charles Melancon			Category/ Type	
X	ment For:	2008		
Senate X President	Primary Other (specify)	General		
State: LA District: 03	Other (specify)	▼		
Full Name (Last, First, Middle Initial)				Transaction ID: 18798453
Pete Stark Re-Election Committee				Date of Disbursement
Mailing Address P.O. Box 8331				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} $
City Fremont		p Code 4537		Amount of Each Disbursement this Period
Purpose of Disbursement	<u> </u>	1007	244	2500.00
Candidate Name			011 Category/	
Rep. Fortney Peter Stark			Туре	
	ment For: Primary	2008 General		
President	Other (specify)	▼		
State: CA District: 13 Full Name (Last, First, Middle Initial)				Transaction ID: 18798628
(,				
Friends Of John Tanner				Date of Disbursement
Friends Of John Tanner Mailing Address Post Office Box 1994				Date of Disbursement O 3
Mailing Address Post Office Box 1994 City		p Code 8281		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & T \end{smallmatrix} $
Mailing Address Post Office Box 1994		p Code 8281		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & T \end{smallmatrix} $
Mailing Address Post Office Box 1994 City Union City Purpose of Disbursement Candidate Name		8281	011 Category/	Amount of Each Disbursement this Period
Mailing Address Post Office Box 1994 City Union City Purpose of Disbursement Candidate Name Rep. John S. Tanner	TN 38	8281 C		Amount of Each Disbursement this Period
Mailing Address Post Office Box 1994 City Union City Purpose of Disbursement Candidate Name Rep. John S. Tanner Office Sought: X House Senate X	ment For:	2008 General	Category/	Amount of Each Disbursement this Period
Mailing Address Post Office Box 1994 City Union City Purpose of Disbursement Candidate Name Rep. John S. Tanner Office Sought: X House Disburse	TN 3	2008 General	Category/	Amount of Each Disbursement this Period
Mailing Address Post Office Box 1994 City Union City Purpose of Disbursement Candidate Name Rep. John S. Tanner Office Sought: X House Senate X President	ment For: Primary Other (specify)	2008 General	Category/ Type	Amount of Each Disbursement this Period

ITERMITE	LE B (FEC Form 3	y Use sepa	arate schedule(s)		NUMBER: PAGE 28 / 46
ıı ⊑iVII∠EL	DISBURSEMENT	for each of	category of the Summary Page	(check only	7 one)
				d by any person f	or the purpose of soliciting contributions licit contributions from such committee
NAME OF	COMMITTEE (In Full) College of Radiology As	<u> </u>	,		
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Full Name (Last, First, Middle Initial) Schakowsky For Congress			Transaction ID: 19031175 Date of Disbursement - 03
Mailing Address P.O. Box 5130			03 06 2007
City Evanston	State Zip Code IL 60204)	Amount of Each Disbursement this Perio
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Rep. Janice D. Schakowsky		Category/ Type	
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Mark Pryor For Us Senate			Date of Disbursement
Mailing Address PO Box 2720			
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Perio
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	Mailing Address P.O. Box 8			
	City Winnetka	State Zip Code IL 60093		Amount of Each Disbursement this Period
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	Candidate Name Rep. Mark Steven Kirk		Category/ Type	
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_	State: IL District: 10 Full Name (Last, First, Middle Initial)			Transaction ID: 10004710
	John Sullivan For Congress Inc			Transaction ID: 19294719 Date of Disbursement
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	City Tulsa	State Zip Code OK 74147		Amount of Each Disbursement this Period
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	Candidate Name Rep. John Sullivan		Category/ Type	
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_	State: OK District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 10004700
	More Conservatives PAC (McPAC)			Transaction ID: 19294723 Date of Disbursement
	Mailing Address 675 N WASHINGTON S SUITE 410	TREET		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name More Conservatives PAC (McPAC)	,	Category/ Type	
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NAME OF COMMITTEE (In Full) American College of Radiology Association	on		
Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress			Transaction ID: 19294730 Date of Disbursement
Mailing Address P.O. Box 9336			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\22\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\20\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}\begin{smallmatrix}Y\\20\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\20\end{smallmatrix}$
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Pe
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Earl Pomeroy		Category/ Type	
	ement For: 2008 Primary General Other (specify)	•	
State: ND District: 01			
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress			Transaction ID: 19296785 Date of Disbursement
Mailing Address P.O. Box 2232			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 1 \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City Jenkintown	State Zip Code PA 19046		Amount of Each Disbursement this Pe
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Allyson Schwartz		Category/ Type	
	ement For: 2008 Primary General Other (specify)	•	
Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee			Transaction ID: 19296792 Date of Disbursement
Mailing Address PO Box 87			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
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Kind For Congress Committee					Date	of D							V
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City La Crosse	State Zip Code WI 54601				Amou	int o	f E	ach	Di	sburse	-		Period
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Full Name (Last, First, Middle Initial) Mcnulty For Congress					Trans Date						7996	3	
Mailing Address P.O. Box 1560					0 3	М	/	^D 1	4] / [2	o ŏ	7 ^Y
City Green Island	State Zip Code NY 12183				Amou	int o	f E	ach	Di	sburse			Period
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Candidate Name Rep. Michael R. McNulty			iteg Type										
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Mailing Address 151 Linden Road					0 3	М	/	^D 1	3] / [Ź	o ŏ	7 ^Y
City Mineola	State Zip Code NY 11501				Amou	ınt o	f E	ach	Di	sburse	emer	nt this	Period
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NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress Mailing Address P.O. Box 696 City State Zip Code Wil 53701 Purpose of Disbursement Candidate Name Rep. Tammy Baldwin Office Sought: X House Senate President Candidate Name Rep. Tirst, Middle Initial) Rick Renzi For Congress Mailing Address P.O. Box 2383 City State Zip Code Wil 53701 Transaction ID: 19298024 Date of Disbursement this Peric Category' Type Transaction ID: 19298034 Date of Disbursement this Peric Disbursement to 2000.00 Transaction ID: 19298034 Date of Disbursement this Peric Category' Type Transaction ID: 19298034 Date of Disbursement this Peric Disbursement this Peric Candidate Name Rep. Rick Renzi President State: AZ District: 01 Full Name (Last, First, Middle Initial) Candidate Name Rep. Rick Renzi President State: AZ District: 01 Full Name (Last, First, Middle Initial) Volunteers For Shimkus Mailing Address P.O. Box 5458 PO Box 5458 City State Zip Code Primary General President State: AZ District: 01 Full Name (Last, First, Middle Initial) Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President Last, First, Middle Initial) Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President Last, First, Middle Initial) Category' Type Office Sought: X House Senate President Last, First, Middle Initial) Category' Type Office Sought: X House Senate President Last, First, Middle Initial) Office Sought: X House Senate President Last, First, Middle Initial) Office Sought: X House Senate President Last, First, Middle Initial) Office Sought: X House Senate Rep. John M. Shimkus Office Sought: X House Senate Rep. John M. Shimkus Office Sought: X House Senate Rep. John M. Shimkus Office Sought: X House Senate Rep. John M. Shimkus Office Sought: X House Senate Rep. John M. Shimkus Office Sought: X House Senate Rep. John M. Shimkus Office Sought: X House Senate Rep. John M.	ITEMIZED DISBUI	RSEMENTS			<u>21</u> k	22 🛛 2		Н
NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress Mailing Address P.O. Box 696 City State Zip Code Madison WI 53701 Purpose of Disbursement Candidate Name Rep. Tammy Baldwin Office Sought: X House Senate President State: WI District: 02 Full Name (Last, First, Middle Initial) Candidate Name Rep. Rick Renzi Office Sought: X House Senate AZ 86302 Purpose of Disbursement Candidate Name Rep. Rick Renzi Office Sought: X House Senate President State: AZ District: 01 Full Name (Last, First, Middle Initial) Candidate Name Rep. Rick Renzi Office Sought: X House Senate President State: AZ District: 01 Full Name (Last, First, Middle Initial) Candidate Name Rep. Rick Renzi Office Sought: X House Senate President State: AZ District: 01 Full Name (Last, First, Middle Initial) Candidate Name Rep. Rick Renzi Office Sought: X House Senate President State: AZ District: 01 Full Name (Last, First, Middle Initial) Collegeory Springfield IL 62705 Purpose of Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President State: AZ Disbursement Office Sought: X House Senate President Office Sought: X House Senate President Office Sought: X House Senate President Office Sought: X House Senate President Office Sought	Any Information copied from or for commercial purposes,	such Reports and State other than using the na	ements may no me and addres	ot be sold or used as of any political	by any pers	on for the purpose solicit contribution	of soliciting contributions as from such committee	
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City Madison Wil 53701 Purpose of Disbursement Candidate Name Rep. Tammy Baldwin Office Sought: X House Senate President City State: Wil District: 02 Full Name (Last, First, Middle Initial) Candidate Name Rep. Rick Renzi Office Sought: X House Senate President Candidate Name Rep. Rick Renzi Office Sought: X House Senate President Candidate Name Rep. Rick Renzi Office Sought: X House Senate President State: AZ District: 01 Full Name (Last, First, Middle Initial) Volunteers For Shimkus Office Sought: X House Springfield Candidate Name Rep. Rick Renzi Office Sought: X House Senate President State: AZ District: 01 Full Name (Last, First, Middle Initial) Volunteers For Shimkus Office Sought: X House Springfield Candidate Name Rep. Rick Renzi Office Sought: X House Springfield Candidate Name Rep. Rick Renzi Office Sought: X House Springfield Candidate Name Rep. Rick Renzi Office Sought: X House Springfield Candidate Name Rep. All House Rep. All House Springfield Candidate Name Rep. John M. Shimkus Office Sought: X House Rep. John M. Shimkus Office Sought: X House Senate President Other (specify) Full Representation Price Springfield Other (specify) Full Representation Price								
Madison	Mailing Address P.C). Box 696					^D 13 / Y 2007	Υ
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Rep. Tammy Baldwin Office Sought:		t			011]	2000.00	
Senate President State: WI District: 02 Full Name (Last, First, Middle Initial) Rick Renzi For Congress Mailing Address P.O. Box 2383 City Prescott AZ 86302 Purpose of Disbursement Candidate Name Rep. Rick Renzi President State: AZ District: 01 Full Name (Last, First, Middle Initial) Cardidate Name Rep. Rick Renzi Office Sought: X House President State: AZ District: 01 Full Name (Last, First, Middle Initial) Volunteers For Shimkus Mailing Address P.O. Box 5458 PO Box 5458 City Springfield IL 62705 Purpose of Disbursement Candidate Name Rep. John M. Shimkus Disbursement For: 2008 State Zip Code IL 62705 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Peric Office Sought: X Primary General Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement To 2008 Amount of Each Disbursement To 2008 Amount of Each Disbursement To 2000.00 Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼	Rep. Tammy Baldwir				0,			
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<u> </u>	Full Name (Last, First, Middle Initial) Together for Our Majority Political Act	ion Committ				Date	of Dis	burse				
	Mailing Address PO Box 16488					0,3	M /	1	^D /	Ž	0 ŏ 7	7
	City Arlington	State Zip Code VA 22215				Amou	int of	Each	Disbur			
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	Candidate Name Together for Our Majority Political Act	ion Committ	1	ateg Typ	,							
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	Full Name (Last, First, Middle Initial) Mike Honda For Congress					Date	of Dis	burse				
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	City San Jose	State Zip Code CA 95113				Amou	int of	Each	Disbur			
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check on	E NUMBER: PAGE 39 / 46
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
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Full Name (Last, First, Middle Initial) Mchenry For Congress			Transaction ID: 19337784 Date of Disbursement
Mailing Address PO Box 1406			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 2 & 0 & 0 & 7 \\ & & & 2 & 0 & 0 & 7 \end{bmatrix}$
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Purpose of Disbursement		011	1000.00
Candidate Name Rep. Patrick McHenry		Category/ Type	
Senate President	xsement For: 2008 X Primary General Other (specify)		
State: NC District: 10 Full Name (Last, First, Middle Initial)			Transaction ID: 19414517
Join Our Efforts PAC (Joe PAC)			Date of Disbursement
Mailing Address 610 Harper Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & 2 & 0 & 0 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y \\ D & D & Y & Y \end{bmatrix}$
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Purpose of Disbursement		011	2500.00
Candidate Name Join Our Efforts PAC (Joe PAC)		Category/ Type	
Office Sought: Senate President State: Disbu	sement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress			Transaction ID: 19414519 Date of Disbursement
Mailing Address 22 West Padonia Road	Suite C-141		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \begin{smallmatrix} M \\ \end{smallmatrix} \begin{smallmatrix} I \\ \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{smallmatrix} I \\ \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} V \\ D$
City Timonium	State Zip Code MD 21093		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. C.A. Ruppersberger		Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify) ▼		
State: MD District: 02			
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
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NAME OF COMMITTEE (In Full) American College of Radiology Association	•••		
Full Name (Last, First, Middle Initial) Friends Of John Tanner			Transaction ID: 19433144 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Post Office Box 1994			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Union City	State Zip Code TN 38281		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. John S. Tanner		Category/ Type	
	ement For: 2008 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 19453467
Radanovich For Congress			Date of Disbursement
Mailing Address 30151 Tomas Street			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Rancho Sta Mrgrita	State Zip Code CA 92688		Amount of Each Disbursement this Period
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Rep. George P. Radanovich	ement For: 2008	Туре	
	ement For: 2008 (Primary General Other (specify) ▼		
State: CA District: 19 Full Name (Last, First, Middle Initial)			T " ID 4040000
Jim Gerlach For Congress Committee			Transaction ID: 19488292 Date of Disbursement
Mailing Address PO Box 87			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & O & Y \\ D & O & O \end{smallmatrix} \end{bmatrix}$
City Uwchland	State Zip Code PA 19480		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. James W. Gerlach		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)	N.	
State: PA District: 06			
SUBTOTAL of Disbursements This Page (optional		>	8000.00

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	Full Name (Last, Matheson For	First, Middle Initial) Congress							action ID: of Disburser		96	
	Mailing Address	677 South 200 Suite A) West					0 ^M 3	M / D 2 7	7 Y	ž 0 ŏ 7	7 ^Y
	City Salt Lake City		Sta U1		Zip Code 84101			Amou	nt of Each [Disbursen		
	Purpose of Disbu	rsement)11				1000.00	0
	Candidate Name Rep. James D.		1				egory/ ype					
	Office Sought:	X House Senate President		rimary	2008 General							
	State: UT District: 02 Full Name (Last, First, Middle Initial) Cathy Mcmorris For Congress								action ID: of Disburser		99	
	Mailing Address	Box 137							M / D		ž 0 ŏ 7	7 ^Y
	City Spokane		Sta W		Zip Code 99210			Amou	nt of Each D	Disbursen	nent this F	Perio
	Purpose of Disbu	rsement)11				1000.00	0
	Candidate Name Rep. Cathy Mo	:Morris					egory/ ype					
	Office Sought: State: WA	X House Senate President District: 05		rimary	2008 General							
	, ,	First, Middle Initial) ongressional Cam	paign Comm	ittee					action ID: of Disburser		801	
	Mailing Address	430 South Cap 2nd Floor	oitol Street So	outheas	3			0 ^M 3	M / D2	7 / Y	ž 0 ŏ 7	7 ^Y
	City Washington		Sta D(Zip Code 20003			Amou	nt of Each [Disbursen		
	Purpose of Disbu	rsement)11	L.			5000.00	0
		ongressional Cam					egory/ ype					
	Office Sought:	House Senate President	1	rimary	General							
				- (-1	J/ ▼			1				

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22
An or	y Information copied from such Reports and Sta for commercial purposes, other than using the n	tements may n	ot be sold or used	by any person f	or the purpose of soliciting contributions licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American College of Radiology Associa				
	Full Name (Last, First, Middle Initial) Pallone For Congress				Transaction ID: 19491551 Date of Disbursement
	Mailing Address PO Box 3176				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\O&3\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}D&D\\2&7\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}^{Y}$
	City Long Branch	State NJ	Zip Code 07740		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	2500.00
	Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House Disbu	ursement For:	2008	Category/ Type	
	Senate President State: NJ District: 06	X Primary Other (spe	General		
	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress				Transaction ID: 19503086 Date of Disbursement
	Mailing Address P. O. Box 48928			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}^M&\begin{smallmatrix}I&D\\27\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\20&0&7\end{smallmatrix}\end{bmatrix}^Y$	
	City Sarasota	State FL	Zip Code 34230		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
				a	
	Candidate Name Rep. Vern Buchanan			Category/ Type	
	Rep. Vern Buchanan Office Sought: X House Senate President Disbu	ursement For: X Primary Other (spe	2008 General		
	Rep. Vern Buchanan Office Sought: X House Disbute Senate	X Primary	General		Transaction ID: 19504130 Date of Disbursement
	Rep. Vern Buchanan Office Sought: X House Senate President State: FL District: 13 Full Name (Last, First, Middle Initial)	X Primary	General		
	Rep. Vern Buchanan Office Sought: X House Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) Friends Of Dave Weldon	X Primary	General		Date of Disbursement O 3
	Rep. Vern Buchanan Office Sought: X House Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) Friends Of Dave Weldon Mailing Address PO Box 968 City Melbourne Purpose of Disbursement	X Primary Other (spe	General ecify) ▼ Zip Code		Date of Disbursement O 3
	Rep. Vern Buchanan Office Sought: X House Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) Friends Of Dave Weldon Mailing Address PO Box 968 City Melbourne Purpose of Disbursement Candidate Name Rep. Dave Weldon, M.D.	X Primary Other (spe	General ecify) ▼ Zip Code 32902	Туре	Date of Disbursement M 3 M / D 2 8 / Y 2 0 0 7 Y Amount of Each Disbursement this Period
	Rep. Vern Buchanan Office Sought: X House Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) Friends Of Dave Weldon Mailing Address PO Box 968 City Melbourne Purpose of Disbursement Candidate Name Rep. Dave Weldon, M.D.	X Primary Other (spe	General ecify) Zip Code 32902 2008 General	Type 011 Category/	Date of Disbursement M 3 M / D 2 B / Y 2 0 0 7 Y Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			OR LINE NUMBER: check only one)					PAGE 43 / 46					
ITEMIZED DISBURSEMENTS		ategory of the Summary Page			21b 27	22 28a	×		3 3b		24 28c		25 29	
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name														3
NAME OF COMMITTEE (In Full)	and dddres	or arry portion	-		00 10 30	onon ooi	itiiba		3 110	111 50	011 0	,011111	inttoo	
American College of Radiology Association														
Full Name (Last, First, Middle Initial) Citizens For Harkin										19 ment		134		
Mailing Address P O Box 811						0	3 ^M	/	^D 2	8	Y	ž	0 ŏ 7	7 ^Y
,	State A	Zip Code 50304				Am	ount (of E	ach	Disbu	ırse	-		Period
Purpose of Disbursement				01	1.						•	20	0.00	0
Candidate Name Sen. Tom Harkin			С	ateg Typ	-									
X	nent For: Primary Other (spec	2008 General												
State: IA District:														
Full Name (Last, First, Middle Initial) Wynn For Congress									urse	19 ment		136		
Mailing Address P.O. Box 39139						0	3 ^M	′	^D 2	3	Y	ž	0 ŏ 7	7 ^Y
	State DC	Zip Code 20016				Am	ount o	of E	ach	Disbu	ırse			Period
Purpose of Disbursement				01	1							20	0.00	0
Candidate Name Rep. Albert Wynn			С	ateg Typ										
	nent For: Primary Other (spec	2008 General												
State: MD District: 04														
Full Name (Last, First, Middle Initial) Gingrey For Congress						Dat	e of D		urse	19 ment				
Mailing Address PO Box U				O	3 ^M	′	^D 2	6	Y	ž	o ŏ 7	7 ^Y		
	State GA	Zip Code 30060				Am	ount (of E	ach	Disbu	ırse	-		Period
Purpose of Disbursement	Purpose of Disbursement				1					0		10	0.00	U
Candidate Name Rep. Phil Gingrey, M.D.			С	ateg Typ										
President	nent For: Primary Other (spec	2008 General												
State: GA District: 11														
SUBTOTAL of Disbursements This Page (optional)	<u></u>		<u></u>		<u> </u>							50	00.00	0
TOTAL This Period (last page this line number only) .					<u> </u>			,						

В.

President

District: 16

ago# 1000110 1210		
SCHEDULE B (FEC Form 3X)	I ICA CANATATA CONAGIIIA(C)	R LINE NUMBER: PAGE 44 / 46
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by any p and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee
NAME OF COMMITTEE (In Full) American College of Radiology Association		
Full Name (Last, First, Middle Initial) Reynolds For Congress Mailing Address PO Box 15388		Transaction ID: 19504153 Date of Disbursement 0 3
	State Zip Code NY 14615	Amount of Each Disbursement this Period
Candidate Name Rep. Thomas M. Reynolds	011 Catego Type	pry/
Office Sought: X House Disburse Senate President State: NY District: 26	ment For: 2008 Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Friends Of Mark Foley		Transaction ID: 19620079 Date of Disbursement
Mailing Address 1316 Lake Victoria Dr		0 3 1 2 9 7 2 0 0 7
Lake Worth	State Zip Code FL 33461	Amount of Each Disbursement this Period
Purpose of Disbursement Void - Friends Of Mark Foley - Never cashed Candidate Name Rep. Mark A. Foley	011 Catego Type	rry/
Office Sought: X House Disburse Senate	, , ,	Void - Friends Of Mark Fo- ley - Never cashed

SUBTOTAL of Disbursements This Page (optional)	•	-1000.00
TOTAL This Period (last page this line number only)	•	99000.00

Other (specify)

State: FL

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5(CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 45/46
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam	,		
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American College of Radiology Associatio	n		
	Full Name (Last, First, Middle Initial)			Transaction ID: 19620086
	Bank of America			Date of Disbursement
	Mailing Address P.O. Box 27025			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} D & D \\ D & 1 \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	City Richmond	State Zip Code VA 23261-7025		Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Taxes		001	3928.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \(\psi\)		Federal Taxes
	State: District:	•		

SUBTOTAL of Disbursements This Page (optional)	•	3928.00
TOTAL This Period (last page this line number only)		3928.00

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District:

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SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 46 / 46				
ITEMIZED DISBURSEMENTS	for each category of the					
	Detailed Summary Page 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b				
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	and address of any pointed committee to	Solicit Contributions from Such Committee				
American College of Radiology Association						
Full Name (Last, First, Middle Initial)		Transaction ID: 19620106				
Virginia Department of Taxation		Date of Disbursement				
Mailing Address P.O. Box 1500		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
•	State Zip Code VA 23218-1500	Amount of Each Disbursement this Period				
Purpose of Disbursement State Taxes	001	723.00				
Candidate Name	Category/ Type					
	ment For: Primary General Other (specify) ▼	State Taxes				
State: District:						
Full Name (Last, First, Middle Initial)		Transaction ID: 19810796				
Bank of America		Date of Disbursement				
Mailing Address P.O. Box 27025		$\begin{array}{c c} & \begin{array}{c c} & & \\ & & \\ \end{array} & \begin{array}{c c} & & \\ & \end{array} & \begin{array}{c c} & & \\ \end{array} & \begin{array}{c $				
	State Zip Code VA 23261-7025	Amount of Each Disbursement this Period				
Purpose of Disbursement Bank Fees		817.06				
Candidate Name	001 Category/ Type					
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Bank Fees				

SUBTOTAL of Disbursements This Page (optional)	•	1540.06
TOTAL This Period (last page this line number only)	<u> </u>	1540.06

State: